



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E381635**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	<b>14-3031</b>		
LOCAL AGENCY CODING	<b>WA0311900</b>		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	<b>FENCE</b>

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	<b>12</b>	<b>08</b>	<b>2014</b>	<b>0657</b>	<b>31</b>						<b>0664</b>

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

<b>FRONTIER CIRCLE WEST</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>8900</b>
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
<b>75</b> <b>00</b> MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	<b>FRONTIER CIRCLE EAST</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	<b>UNKNOWN</b>	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	<b>U</b>	D.O.B.	<b>MMDDYYYY</b>		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>0</b>	NATURE OF INJURIES	<b>UNKNOWN</b>
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	<b>D: 5555555555</b>
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LAST NAME	<b>DALLY</b>	FIRST NAME	<b>VANESSA</b>	MIDDLE INITIAL	<b>E</b>
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STREET NEW ADDRESS	<b>1027 89TH DR NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	<b>F</b>	D.O.B.	<b>08</b>	<b>25</b>	<b>197</b>	<b>2</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	<input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	<input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	<b>DEAN THOMAS</b>	BADGE OR ID #	<b>094</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E381635**

CASE # **14-3031**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BROOKS RACHEL A</b>																	
ADDRESS & PHONE #		<b>902 FRONTIER CIRCLE WEST LAKE STEVENS WA 98258 4253977098</b>																	
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>10</b>		-		<b>14</b>		-		<b>1972</b>					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 12/06/14 at approx. 0708 I was dispatched to a priority collision call. The text of the call stated that a dark colored VW Jetta hit a fence then fled the scene westbound. Upon arrival I observed a fence on the north side of Frontier Circle West (8900 block) with extensive damage. Two sections of the fence were knocked down. There was nothing of evidentiary value at the collision site.

I spoke with the reporting party. Rachel Brooks stated observed a dark colored Jetta speed around the corner then loose control and strike the fence. Rachel was unable to read a license plate. The fence belongs to the home owner of 1027 89th DR NE. The owner/occupants of the home was not home and could not be located. On 12/08/14 I attempted to contact the owner/occupant of the home but was unsuccessful. It should be noted that the fence was fixed on 12/07/14 but was not reported by the home owner. I used the Sno County assessors office website to list a current owner of the residence as the victim (Vanessa E. Dally).

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

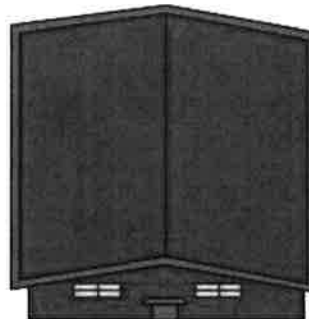
Motor Vehicle Unit 1

Action Code: UNKNOWN. REAR OF VEHICLE HIT FENCE

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

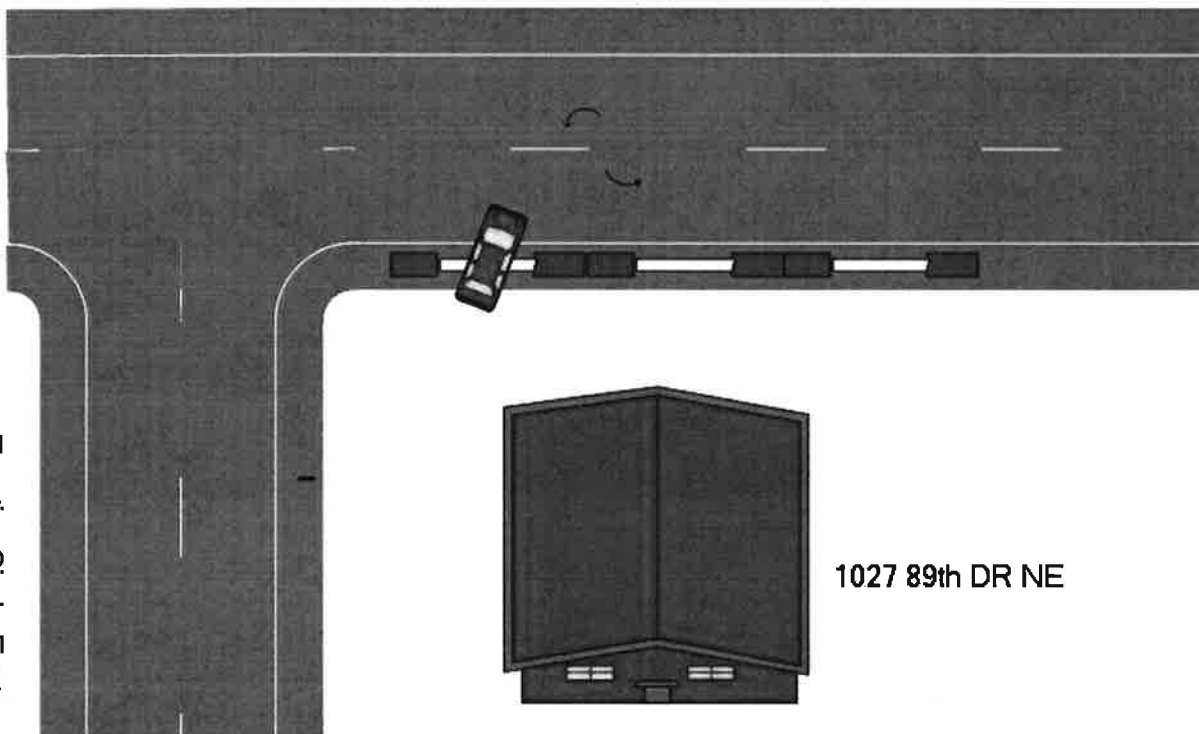
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>DEAN THOMAS</b>		<b>12-08-14 01:30 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY		DATE	
<b>RON BROOKS 013</b>		<b>12/8/2014 1:37:43 PM</b>	
BADGE OR ID #	<b>094</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		<b>6:59 AM</b>	
TIME POLICE ARRIVED		<b>7:08 AM</b>	

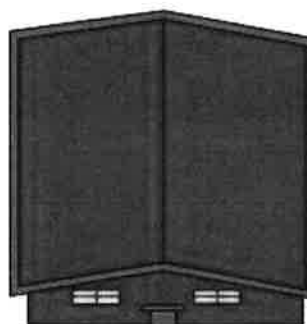


Rachel Brooks (Witness)

Frontier Circle West




Frontier Circle East



1027 89th DR NE

# LAKE STEVENS POLICE DEPARTMENT

## FIELD INCIDENT REPORT

										<b>CASE NUMBER</b> 14-3031					
<b>DATA</b>	INCIDENT CLASSIFICATION <b>HIT AND RUN</b>					ADDRESS / LOCATION OF INCIDENT <b>1027 89TH DR NE</b>					PREMISES TYPE / NAME <b>PRIVATE PROPERTY</b>				
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO						
	MONTH <b>12</b>	DAY <b>06</b>	YEAR <b>14</b>	TIME <b>0657</b>	MONTH <b>12</b>	DAY <b>06</b>	YEAR <b>14</b>	TIME <b>0657</b>	MONTH	DAY	YEAR	TIME			
<b>REPORTING PARTY</b>	CODES:		V - VICTIM W - WITNESS			B - VICT BUSINESS C - COMPLAINANT			P - POLICE G - PARENT/GUARD			O - OTHERS			
	NO. <b>V1</b>	NON-DISC. <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) <b>DALLY, VANESSA E</b>					RACE <b>W</b>	ETH <b></b>	SEX <b>F</b>	DOB <b>08/25/72</b>	HGT <b>504</b>	WGT <b>210</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>
	STREET ADDRESS <b>1027 89TH DR NE</b>					CITY <b>LAKE STEVENS</b>		STATE <b>WA</b>		ZIP <b>98258</b>		OCCUPATION/SCHOOL			
	RESIDENCE PHONE				BUSINESS PHONE				CELL PHONE				SOCIAL SECURITY NUMBER		
<b>PROPERTY</b>	ITEM #	<input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION <b>FENCE</b>						MODEL #		COLOR			
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE <b>250.00</b>			
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE			
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE			
<b>PERSON / SUSPECT</b>	PERSON LISTED IS: <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS														
	NO. <b>S1</b>	NAME (LAST, FIRST, MIDDLE) <b>UNKNOWN</b>					RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES	
	STREET ADDRESS					CITY		STATE		ZIP		RES. PHONE			
	SOCIAL SECURITY NUMBER					OLN		ALIAS NAME(S)			IDENTIFIERS (SCARS, MARKS OR TATTOOS)				
	MISCELLANEOUS INFO :														
<b>VEHICLE</b>	NO. <b>1</b>	LICENSE NUMBER <b>UNKNOWN</b>		STATE	VIN / HULL NUMBER			YEAR	MAKE	MODEL		STYLE			
	COLOR		SPECIAL FEATURES / DESCRIPTION <b>DARK COLORED JETTA</b>								REGISTERED OWNER'S PHONE				
	REGISTERED OWNER'S NAME					REGISTERED OWNER'S ADDRESS					REGISTERED OWNER'S ALT. PHONE				
<b>NARRATIVE</b>	<p>On the above date and time I was radio dispatched to the area of 902 Frontier Circle West for a priority collision (hit and run). The text of the call stated a dark colored VW Jetta struck a fence then fled the scene.</p> <p>Upon my arrival I immediately observed a fence that belongs to 1027 89th DR NE had extensive damage. The fence is located on the south side of the property and is located on the north side of Frontier Circle West. The collision damaged two sections of the fence, causing them to fall to the ground.</p> <p>Contact with the homeowner was unsuccessful.</p> <p>I contacted the reporting party. Rachel A. Brooks (902 Frontier Circle West) states she observed a dark colored Jetta speed east bound on Frontier Circle West then lose control and spun out and struck the fence with the rear of the car. Rachel stated the vehicle quickly left the area going eastbound.</p> <p>I took digital photos of the damaged fence.</p> <p>On 12/08/14 I went to 1027 89th DR NE in an attempt to contact the home owner. I was unable to locate anyone. I used the Snohomish County Assessors website to find Vanessa E. Dally as a co-owner of the home.</p> <p>It should be noted that on 12/08/14 the fence was fixed. At the time of this report Dally has not reported the damage to the police.</p>														
<b>SIGNATURE</b>	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT., (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.														
	I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE. _____ SIGNATURE OF PERSON _____ DATE _____ LOCATION SIGNED _____														
	OFFICER NAME / NUMBER <b>D. THOMAS #94</b>							APPROVED BY 				ENTERED			

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-3031

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Rachel A Brooks	RACE W	ETH	SEX F	DOB 10-14-72	AGE 42	HGT 5'3	WGT 185	HAIR Red	EYES Blue
STREET ADDRESS 902 Frontier Circle W		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS married			
HOME PHONE 425-397-7098		CELL PHONE —			PLACE OF EMPLOYMENT —					
WORK PHONE —		EMAIL ADDRESS SIXBROOKS@aol.com								

I, Rachel Brooks, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I observed a dark late 90's model

Jeep speed wound the corner of Frontier circle W

and loose control and hit my neighbors

fence and then proceed to leave the scene

and head west down Frontier Circle West

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Rachel Brooks</u>	DATE SIGNED 12-6-14	LOCATION SIGNED 902 Frontier Circle W
OFFICER/NUMBER: <u>D. Thomas 294</u>	DATE SIGNED 12-6-14	LOCATION SIGNED Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>D. [unclear] #91</i>				Case Number <i>11-3231</i>			
Type of Crime: Felony <del>Misdemeanor</del> (Circle)				Type of Case: <i>Misdemeanor</i>				Date/Time:			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkng will be held for 60 days or 60 days past owner notification							

Case #

Item # <i>21</i>	Item <i>1 photo of damaged fence</i>			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Action # <i>3</i>	Serial #		Where Found <i>8900 Frontier Ln West</i>		Weight of Narcotic							
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Action #	Serial #		Where Found		Weight of Narcotic							
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Action #	Serial #		Where Found		Weight of Narcotic							
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Action #	Serial #		Where Found		Weight of Narcotic							
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Action #	Serial #		Where Found		Weight of Narcotic							
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													

Evidence Control Use Only:
 

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14024152

Case Numbers: \$SS14003031

Received	12/06/14	06:57:49	BY SPCT08	SP0136
Entered	12/06/14	06:58:49	BY SPCT08	SP0136
Dispatched	12/06/14	06:59:07	BY SPDP17	SP0367
Enroute	12/06/14	06:59:07		
Onscene	12/06/14	07:08:08		
Closed	12/06/14	07:24:27		

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: 9

Loc: 902 FRONTIER CI W ,LKS btwn 91 AV NE & 89 DR NE (V)

Latitude: (+) 48.004568 Longitude: (-) 122.108874

Loc Info:

Name: BROOKS, RACHAEL

Addr:

Phone: 4253977098

/0658	(SP0136)	ENTRY		, CC JO HIT AND RUN, CAR HIT FENCE - DK COLORED J
				ETTA , OLDER MODEL, LS GO ING WB ON FRONTIER CIR
				LCE. UNK LIC
/0659	(SP0367)	AGCADV		, BCST
/0659		DISPER	19D1	#SS94 THOMAS, DET (DEAN)
/0659	(SP0136)	SUPP		NAM: BROOKS, RACHAEL,
				TXT: UNK HOW MANY OCCUPANTS , CAN CC RP
/0708	(SS94 )	*ONSCNE	19D1	
/0717	(SP0203)	ASSTOS	19S11	[902 FRONTIER CI W ,LKS]
				#SS71 VALVICK, SGT (CRAIG)
/0717	(SS71 )	*MISC	19S11	, 1027 89TH DR NE
/0720	(SP0203)	ASNCAS	19D1	\$SS14003031
/0722	(SS94 )	*CLEAR	19D1	D/H
/0724	(SP0203)	CLEAR	19S11	
/0724		CLOSE	19S11	